Checklist For the Home Environment
Family Name_____
ID # _____

Question	Date: Asthma Coordinator:
Check members of household:	❑ Adults ❑ Children
Type of housing:	❑ Single family home ❑ Duplex or townhouse ❑ Apartment/multiple complex ❑ Other (please specify)
Floor family lives on:	❑ Ground floor ❑ Second floor ❑ Third floor
Heating source for the home:	❑ Radiator ❑ Forced air furnace ❑ Wood stove ❑ Fireplace ❑ Space heater ❑ Other (please specify) ❑ Couldn't determine
Other heating sources used:	❑ Stove ❑ Portable heater ❑ Wood stove ❑ Other (please specify)
Neighborhood traffic:	❑ High traffic area (near main streets and freeways ❑ Low traffic area (quiet residential area or side street
Age of building:	❑ Less than 20 years ❑ 20-50 years ❑ 50+ years ❑ Couldn't determine
Number of rooms in the home: (Do not include bathrooms, hallways, foyers, or porches)	
Presence of garage or car port:	❑ Garage ❑ Car port ❑ None ❑ Couldn't determine
Access Phone in the house:	❑ Yes ❑ No ❑ Couldn't determine
Access to a phone:	❑ Yes ❑ No ❑ Couldn't determine
Family car:	❑ Yes ❑ No ❑ Couldn't determine
Access to public transportation:	❑ Yes ❑ No ❑ Couldn't determine

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List of emergency phone numbers in the house:	❑ Yes ❑ No ❑ Couldn't determine
Cigarette/cigar/pipe Smoking:	❑ Yes ❑ No ❑ Couldn't determine
Burning candles/incense	❑ Yes ❑ No ❑ Couldn't determine
Animals Family pets:	❑ Yes, what kind? ❑ No ❑ Couldn't determine
Pets in child's bedroom/living space?	❑ Yes, what kind? ❑ No ❑ Couldn't determine
Home General state of repair:	❑ Leaks ❑ Broken windows ❑ Broken plaster ❑ Peeling paint
Do you see any:	❑ Rodent droppings ❑ Mouse or rat traps ❑ Roach motels/traps ❑ Ashtray or cigarette butts ❑ Plants
Smell of tobacco smoke:	❑ Yes ❑ No
Smell of mold or must:	❑ Yes ❑ No
Vacuum cleaner present:	❑ Yes ❑ No ❑ Couldn't determine
Type of vacuum cleaner filtration system:	❑ Water ❑ HEPA filter ❑ Other (specify) ❑ Not applicable ❑ Couldn't determine
Living Room Identify type of floor covering:	❑ Wall to wall carpeting ❑ Hardwood floor ❑ Tile or linoleum ❑ Cement ❑ Other (please specify)
Area rugs present:	❑ Yes ❑ No
Upholstered furniture present:	❑ Yes ❑ No
Window treatment:	❑ Curtains ❑ Drapes ❑ Blinds

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	❑ Shades
Evidence of moisture, water damage, or leaks:	❑ Yes ❑ No ❑ Couldn't determine
Are any of the following present:	❑ Food debris ❑ Mess on the floor ❑ Clutter on the surfaces ❑ Plants ❑ Overflowing trash can ❑ Cockroaches stains ❑ Plumbing leaks
Kitchen Cooking stove power source:	❑ Gas ❑ Electric
Hood or vent ventilated to the outside:	❑ Yes ❑ No ❑ Couldn't determine
Are any of the following present:	❑ Overflowing trash can ❑ Cockroaches stains ❑ Plumbing leaks ❑ Food debris ❑ Mess on the floor ❑ Clutter on the surfaces ❑ Plants
Child's bedroom/living space Identify type of floor covering:	❑ Wall to wall carpeting ❑ Hardwood floor ❑ Tile or linoleum ❑ Cement ❑ Other (please specify) ❑ Couldn't determine
Where child sleeps:	❑ Bed ❑ Bunk bed ❑ Mattress on floor or futon ❑ Crib ❑ Sofa or sofa bed ❑ Trundle bed ❑ Cot ❑ Other
Size of bed child sleeps in:	❑ Twin (single) ❑ Full (double) ❑ Queen ❑ King ❑ Cal King
Condition of mattress:	❑ Good ❑ Bad ❑ Couldn't determine
Describe the mattress encasement on this bed:	❑ Fabric ❑ Plastic ❑ Dust mite impermeable cover
Describe the pillow encasement on this bed:	❑ Fabric

	❑ Plastic ❑ Dust mite impermeable cover ❑ None ❑ Couldn't determine ❑ No pillows present
Are the covers and the sheets washed at least twice per month in hot water?	❑ Yes ❑ No
Presence of upholstered furniture:	❑ Yes ❑ No ❑ Couldn't determine
Number of stuffed toys on the bed:	❑ 0-4 ❑ 5-10 ❑ > 10 ❑ Couldn't determine
Describe window treatment:	❑ Curtains ❑ Drapes ❑ Blinds ❑ Shades ❑ Couldn't determine
Presence of heating source in child's room:	❑ Yes ❑ No ❑ Couldn't determine
Is child's bed close to this heating source:	❑ Yes ❑ No ❑ Couldn't determine
Are the following present in this room:	❑ Food debris ❑ Mess on the floor ❑ Clutter on the surfaces ❑ Plants ❑ Overflowing trash can ❑ Cockroaches stains ❑ Plumbing leaks
Presence of a closet:	❑ Yes ❑ No ❑ Couldn't determine
Does the closet have doors:	❑ Yes ❑ No ❑ Couldn't determine
Closet doors kept closed or open:	❑ Closed ❑ Open ❑ Couldn't determine
Bathroom Evidence of water damage, moisture, or leaks:	❑ Yes ❑ No ❑ Couldn't determine
Mildew or mold	❑ Yes ❑ No ❑ Couldn't determine
Are the following present:	❑ Overflowing trash can ❑ Cockroaches stains

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	❑ Plumbing leaks ❑ Food debris ❑ Mess on the floor ❑ Clutter on the surfaces ❑ Plants
Basement Evidence of water damage, moisture, or leaks:	❑ Yes ❑ No ❑ Couldn't determine
Mildew or mold present:	❑ Yes ❑ No ❑ Couldn't determine
Basement food storage:	❑ Yes ❑ No ❑ Couldn't determine
Are the following present:	❑ Overflowing trash can ❑ Cockroaches stains ❑ Plumbing leaks ❑ Food debris ❑ Mess on the floor ❑ Clutter on the surfaces ❑ Plants
Smoking Number of smokers in the home:	❑ None ❑ One ❑ Two ❑ Three ❑ > Three
Number of cigarettes smoked per day:	Enter # _____
Where in the home does smoking occur:	❑ Outside ❑ Inside ❑ Both
Visitors smoking in the home:	❑ Daily ❑ Several times per week ❑ Several times per month ❑ Infrequently ❑ None ❑ Couldn't determine